SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021608 (0)

KEY BISCAYNE MOTOR SCOOTER, CORP.

FILED Aug 27 1998 8:00am Secretary of State

|--|

Suite Apt #, etc. Suite Apt #, etc. Suite	P Code
REY BISCAYNE FL 33149 REY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE	Not Applicable Additional Required May Be d to Fees Interpretain No D Code Code Code Code Code Code Code Code
2. Principal Place of Business 2. A Mailing Address 2. A FEI Number 3. Determine the status Desired 3. Batter of Status Desired 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 6. Election Campaign Financing 6. Election Campaign Financing 7. Fore 7. Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and	Not Applicable Additional Required May Be d to Fees Interpretain No D Code Code Code Code Code Code Code Code
2. Principal Place of Business 21. 22 O / S W 72 D U 6 26 22 O / S W 72 D U 6 36 32 O / S W 72 D U 6 4. FEI Number 65-0647438 Suite, pot. #, etc. 22. ## 3 City & State City & State City & State City & State County Zip Zip County Address of Current Registered Agent MORENO, ALEJANDRO 10. Name and Address of Current Registered Agent MORENO, ALEJANDRO 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above harmed corporation submits this statement for the purpose of changing its office or registered agent, it both in the State of Florida. Such change was authorized by the corporation band of directors. I hereby accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as agent. I am familiar with harm accept the appointment as a Address. Proceedings in the provisions of sections of section foor .0505, Florida Statutes. In the Boundary of the provisions of sections of section foor .0505, Florida Statutes. In the Boundary of the provisions of sections of sections foor .0505, Florida Statutes. In the Boundary of the provisions of sections of sections foor .0505, Florida Statutes. In the Boundary of the provisions of sections of sectio	Not Applicable Additional Required May Be d to Fees Interpretain No D Code Code Code Code Code Code Code Code
2. Principal Place of Business 21 22 0 / S w 72 D w 6 26 22 0 / S w 72 D w 6 4. FEI Number 65-0647438 Suite, pot. #, etc. 22 # 3 3	Not Applicable Additional Required May Be d to Fees Interpretain No D Code Code Code Code Code Code Code Code
21 22 0 S W 72 A V 6 S 20 S W 72 A V 6 W 72 A V 6 W 72 A V 72	Not Applicable Additional Required May Be d to Fees Interpretain No D Code Code Code Code Code Code Code Code
Suite ppt #, etc. Suite ppt #, etc.	Additional Required May Be d to Fees Interpretation No Code Code Code Code Code Code Code Co
22 3 3 5 5 5 5 5 5 5	Required O May Be d to Fees Interpretation No P Code Tregistered
Zip County 28 County 29 33 1 5 3 30 County 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name	nd to Fees Intengible No D Code
MORENO, ALEJANDRO 1281 9 170 AD 1302 MIAMI BCH FL 33139 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with produced agent and title if applicable. SIGNATURE Signature, type-for flurited/feane of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME STREET ADDRESS TITLE MORENO, ALEJANDRO 12. STREET ADDRESS TO	P Code
MORENO, ALEJANDRO 10. Name and Address of New Registered Agent MORENO, ALEJANDRO 1284 9 170 4 pp 302 MIAMI BCH FL 33139 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with per provisions of, section 607.0505, Florida Statutes. SIGNATURE Signature typed or fluribediane of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE NAME MORENO, ALEJANDRO 12. STREET ADDRESS TITLE MORENO, ALEJANDRO 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 18. STREET ADDRESS	p Code 3 / よく registered
MORENO, ALEJANDRO 1281 9 170 10 1302 MIAMI BCH FL 33139 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with the provisions of section 607.0505, Florida Statutes. SIGNATURE Signature, typed or purpose of purpose of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE	registered
MIAMI BCH FL 33139 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with produce of the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or finiteditions of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE PD MORENO, ALEJANDRO 12. NAME STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZIP MIAMI BEACH FL 33130 14. CITY-ST-ZIP MIAMI BEACH FL 33130	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with processing the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or flintegrisene of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME 1.1 TITLE MORENO, ALEJANDRO 1.2 NAME 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 STREET ADDRESS 1.5 STREET ADDRESS 1.5 STREET ADDRESS 1.6 STREET ADDRESS 1.7 STREET ADDRESS 1.7 STREET ADDRESS 1.8 STREET ADDRESS 1.9 STREET AD	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with processing the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or flintegrisene of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME 1.1 TITLE MORENO, ALEJANDRO 1.2 NAME 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 STREET ADDRESS 1.5 STREET ADDRESS 1.5 STREET ADDRESS 1.6 STREET ADDRESS 1.7 STREET ADDRESS 1.7 STREET ADDRESS 1.8 STREET ADDRESS 1.9 STREET AD	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with processing the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, type-of or flurtegrisene of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME MORENO, ALEJANDRO 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI BEACH FL 93130 1.4 CITY-ST-ZIP MIAMI BEACH FL 93130	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with the accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printeglisms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME MORENO, ALEJANDRO 12 NAME TITLE TITLE TITLE 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP MIMMI BEACH FL 33130 14 CITY-ST-ZIP MIMMI BEACH FL 33130	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with the accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printeglisms of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME MORENO, ALEJANDRO 12 NAME TITLE TITLE TITLE 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP MIMMI BEACH FL 33130 14 CITY-ST-ZIP MIMMI BEACH FL 33130	registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent of both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with the accept the appointment as agent and accept the appointment as agent. I am familiar with provided by the corporation's board of directors. I hereby accept the appointment as agent and accept the appo	registered
office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with the accept the appointment as agent and accept the appointment accept the appointment	registered
SIGNATURE Signature, typed or printegrieme of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MORENO, ALEJANDRO STREET ADDRESS CITY-ST-ZIP MINANI BEACH FL-93130- NOTE: Registered Agent algorature required when reinstating) DATE (NOTE: Registered Agent algorature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 12. NAME 13. STREET ADDRESS 14.2 TITLE 14. CITY-ST-ZIP MINANI BEACH FL-93130- 14. CITY-ST-ZIP MINANI BEACH FL-93130-	•
Signature, typed or Brinted teme of registered agent and title (flapplicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE NAME MORENO, ALEJANDRO 12.1 ALEJANDRO 12.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 12.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16.1 TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. TITLE 10. TITLE 10. TITLE 11. TITLE 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 15. TITLE 16. TITLE 17. TITLE 17. TITLE 18. TITLE 18. TITLE 19.	
12. OFFICERS AND DIRECTORS TITLE NAME MORENO, ALEJANDRO STREET ADDRESS CITY-ST-ZIP TITAMI BEACH FL 93130- 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 TITLE 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP	
TITLE NAME MORENO, ALEJANDRO STREET ADDRESS CITY-ST-ZIP TITAMI BEACH FL 93130 DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI BEACH FL 93130 1.4 CITY-ST-ZIP MIAMI BEACH FL 93130	TORS IN 12
NAME MORENO, ALEJANDRO STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL-93130- 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Miami BEACH FL-93130- 1.7 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Miami Fl 33 55	
STREET ADDRESS 1.3 STREET ADDRESS 2015 W 7206 #3 CITY-ST-ZIP MIAMI BEACH FL 93130- 1.4 CITY-ST-ZIP Miami Fl 33 155	> [_] Addition
0.47715	
0.47715	
	a la delition
NAME	e Addition
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	
Control	Addition
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Chang	Addition
NAME 42 NAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE Chang	B Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Chang	
NAME 400002625334*	Addition
STREET ADDRESS -09/01/9801023049	
CITY-ST-ZIP ###158.75	Addition PE 27

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a statachment with an address.

I rever get ATH & STATE

MOTIVE KNOWN & STATE

PERPARATION (S MOT OFFER

SITSINGS IS NOT OFFER

BUSINESS IS NOT OFFER

YANT THE SB.

WAITH